

Mini University Registration Form

Date: _____

County Miami Sinclair Valley WSU

CHILD'S NAME: _____ Date of Birth or Due Date: _____

Schedule: 5FD 3FD 2FD 5HD Next Start Date: _____ or Future: _____

Female Male Publicly Funded: No Yes Infant Toddler Preschool Pre-K

CHILD'S NAME: _____ Date of Birth or Due Date: _____

Schedule: 5FD 3FD 2FD 5HD Next Start Date: _____ or Future: _____

Female Male Publicly Funded: No Yes Infant Toddler Preschool Pre-K

Parent/Guardian Names: _____

Home Address: _____

Best Contact Number: _____ E-mail: _____

Enrollment Priority & Discount Eligibility

PRIORITY FAMILY: Associate Community

County Miami Sinclair Valley WSU
 Student Faculty Staff Employee

(describe affiliation above)

Employee or Student ID # (necessary for discount verification): _____

Status Verified by: _____ on (date): _____ verified not verified

Referred By: _____

Parent/Guardian Signature Required

This confirms payment of the Non-Refundable Registration Fee for the child(ren) listed above.

I was provided the Enrollment forms and agree to complete and return them by (date): _____

If I have indicated I am a Priority Family, my status will be verified to determine eligibility for Priority enrollment and discounts.

After my eligibility is verified and my Enrollment paperwork is complete, my child(ren) will be:

Ready to Enroll

OR

I want to be placed on the Wait List for a space in the future.

I have received the Tuition rates and Enrollment Priority Policy. If I am being placed on the Wait List I understand future spaces are offered to Priority Families first and wait times vary and can be lengthy, especially for Infants.

When a space is offered, I will be given 24 hours to confirm that I want the space, and I will pay the \$100 Tuition Deposit. On the date the space is available, I will begin paying for the space, regardless of whether or not my child starts on this date. If I turn down a space, I will be given one more opportunity to accept an opening. In the event I decline two times, I agree to my child(ren) being taken off the waiting list.

Parent/Guardian Signature: _____ Date: _____

Registration Fee Processed by (name): _____ Date Paid: _____

Mini University Registration Form

Date: _____

___ CRM Updated

OFFER #1 DATE: _____ SCHEDULE & START DATE OFFERED: _____

_____ contacted _____ or ___ left a message or ___ sent an email
(Enrollment Coordinator) (Parent)

offering the spot above. Parent was notified they must respond in 24 hours. Y N (if No, state the reason and amount of time given for response:

_____ (Name) ___ Accepted or ___ Declined because: _____ or

___ No Response (send email or attach copy of email as evidence of offer) ___ Parent did not respond in a timely manner.

If the family declined, do they want to stay on the Wait List? Y N (if No, state the reason: _____)

Do they need to change their requested schedule? N Y (If yes, indicate here and update reverse.)

Additional Information: _____

FINAL OFFER DATE: _____ SCHEDULE & START DATE OFFERED: _____

_____ contacted _____ or ___ left a message or ___ sent an email
(Enrollment Coordinator) (Parent)

offering the spot above. Parent was notified they must respond in 24 hours. Y N (if No, state the reason and amount of time given for response:

_____ (Name) ___ Accepted or ___ Declined because: _____ or

___ No Response (send email or attach copy of email as evidence of offer) ___ Parent did not respond in a timely manner.

Additional Information: _____

Start Date: _____ Room: _____ Schedule: _____

Updated CRM: _____

Copied and sent to Home Office for processing: _____